

**[FORM OF] CERTIFICATE OF SERVICE**

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on \_\_\_\_\_, a true and correct copy of the foregoing Application (and all attachments) was mailed via first class mail, postage prepaid, to:

United States Attorney  
District of Rhode Island  
Fleet Center  
50 Kennedy Plaza, 8<sup>th</sup> Floor  
Providence, RI 02903

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Signature

\_\_\_\_\_  
Print Name